

#L1300000/417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EFFECTIVE DATE
1-1-2013

12/31/12--01050--030 **125.00

FILED
12 DEC 31 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN - 3 2013

Cover letter for registration of LLC; Info Applied LLC

Don Schlichting

13475 150 ct n

Jupiter FL 33478

don@topstride.com

414-375-8584

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Info Applied LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

EFFECTIVE DATE
1-1-2013

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13475 150 Ct N Jupiter FL 33478

Mailing Address:

13475 150 Ct N Jupiter FL 33478

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Don Schlichting

Name

13475 150 Ct N

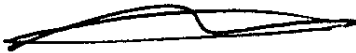
Florida street address (P.O. Box **NOT** acceptable)

Jupiter FL 33478

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Don Schlichting

13475 150 CT N

Jupiter FL 33478

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2013. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Don Schlichting

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)